

UNIVERSAL
LIBRARY

OU_148805

UNIVERSAL
LIBRARY

OSMANIA UNIVERSITY LIBRARY

Call No. 178/A37N Accession No. 13815

Author Alexander, H. G.

Title *Narcotics in India & South Asia*

This book should be returned on or before the date last marked below.

**NARCOTICS IN INDIA
AND SOUTH ASIA**

H. G. ALEXANDER, M.A.

**Lecturer on International Relations
at Woodbrooke, Birmingham**

1930

**WILLIAMS & NORGATE LTD
LONDON**

INTRODUCTION

THE following pages form the record of an investigation undertaken into the present condition of the opium and drug problem in certain Eastern countries. The Selly Oak Colleges awarded me their travelling fellowship for the investigation, and this report is accordingly presented to them. I left England at the end of July, 1927, and reached home again at the end of April, 1928. August, 1927, was spent in the Balkans, but I paid little attention to opium there. The rest of the time was spent in the East: over five months in India, a few days in Rangoon, a fortnight in Malaya, and a fortnight in Java.

If I had been solely concerned with opium and drugs it would have been desirable to go farther—to Indo-China, Borneo, the Philippines, China, and elsewhere. But time and expense forbade. It seemed wiser to confine my investigations to a field in which I might, perhaps, get a fair grip of a good many aspects of the subject, rather than rushing over thousands of miles and gaining nothing but a dogmatic superficiality.

I learnt very little about the opium problem in Java, beyond what is obtainable in official publications. In Malaya I think I was more successful. But India formed the main ground of my study.

To some who have followed recent controversy, it might seem that further investigation of the opium traffic in India was unnecessary. A great deal has been written about India and opium in the last ten years. American writers, in particular, have attacked the Government of India, and tried to fasten upon it the main responsibility for the present world traffic. The Government of India has had able official defenders. Again, independent Englishmen, such as C. F. Andrews and Rev. Wm. Paton, have contributed very valuable material. Lately Colonel Chopra's important medical papers have appeared. However, it seemed to me that there was a case for an independent investigation by an Englishman who could travel up and down the country meeting officials, Indian national leaders, missionaries, social workers, opium consumers and opium vendors, with an open mind.

An open mind? Perhaps no man's mind is wholly open or quite free from prejudice. I must not pretend that mine was. For several years, in response to an appeal from Mr. Andrews, I had been working in collaboration with Tarini P. Sinha on a small com-

mittee that was trying to keep people in England informed of some of the developments of anti-opium work in India. Nor was that my first association with opium (or with anti-opium). My father, J. G. Alexander, devoted a great part of his life, first as paid secretary, and then as honorary secretary, to the Society for the Suppression of the Opium Trade (that is to say, the trade between India and China), and edited its magazine for many years. He travelled round India with the Royal Commission of 1894, and tried to collect witnesses who would give evidence of the evils of opium. Twice he visited China. The Government of India was the villain of the piece during that long campaign; some of my first memories concern my father's first journey to the East, in 1894-95; and after his death, in 1918, I read through much of his correspondence, in preparing his biography.

In spite of the great reform of the years 1907-17, considerable suspicions of the Government of India remained in my mind. At the Geneva Opium Conferences of 1925, however, I formed the opinion that the Government of India was getting an overdose of blame for honestly defending a policy that other Governments—Dutch, Portuguese, and perhaps French above all—silently intended to maintain; also that the immediate difficulties in the way of restriction might be greater than most reformers recognized. I also noted that, whereas the problem seemed to be primarily an Asiatic concern, the voices heard at Geneva were mostly European or American. The representative of China was in an intolerably difficult situation, representing, as he did, a country in the throes of revolution, whose Government could not possibly carry out a policy of suppression, however sincere its intentions might be. The tendency of the Colonial Powers under these circumstances to cast all the blame upon China seemed to me very suspicious—also, to say the least of it, unsportsmanlike; but, I suppose, diplomacy, even at Geneva, knows no sportsmanship. It is too near akin to war, in which all is proverbially fair. I hoped, and was inclined to believe, that the attitude of young China was truly voiced by Mr. T. Z. Koo, who had been sent as an unofficial representative, and that nationalist China would, when in power, do no less than Dr. Sze declared, and repeat the amazing reform of 1907-12. The official voices of Japan, Siam, and Persia were also heard, but they were usually very cautious. I got the impression that Japan, at least, was prepared for more drastic action than the

Colonial Powers would accept; but that Japan would not give the lead.

But what did the peoples of Asia really think about opium and drugs? Did the Chinese in Java and Malaya, as European officials and traders have tried to convince us, insist on having opium to smoke, as a condition of undertaking coolie labour? Did the people of Rajputana, and the Sikhs and the Assamese, really regard opium-eating as a cure for many diseases and a stimulus against malaria, against rheumatism, and against old age? Even if such beliefs were common among the simple people, what did the more-enlightened modern leaders in these communities believe? And, if new ideas were spreading, how far had they spread?

Questions like these were not answered and perhaps could not be answered in an official international conference; but they seemed to me to demand an answer. It would be futile for a conference of Europeans and Americans at Geneva to pass social legislation intended primarily to affect Asia, if the people of Asia were not ready for it. On the other hand, Asia might be more ready for it than the Colonial Offices knew or were prepared to admit.

All this made me anxious to investigate the problem for myself. The proper field of investigation for an Englishman seemed to be those territories which are at present under British rule. That means, primarily, India; but Malaya and Hongkong are also important. After the Geneva Conference, the Government of India initiated several reforms; some people said it had really changed its attitude about opium at last; others said it was only acquiescing in American demands. But whether the Government of India had undergone "conversion of heart" or not, the British Colonial Office, at least, had not changed its tune. Official Britain spoke with three voices about drugs: the Home Office with one; the Government of India a second; and the Colonial Office a third. Such a discord was disturbing.

This summary may give an impression of the "prejudices" with which I started. I went, however, believing that I was open to correct my opinions if the facts demanded it; and in some quite important particulars my opinions have changed. My main desire was to see as a human problem what, to a student in the West, must inevitably be a problem of official reports and statistics.

Who are the people who eat and smoke opium? Why do they do it? What effect does it have on them? What do they themselves say about it?

Almost everyone I met in the East was most courteous, generous of time and friendly. One or two Indians were at first suspicious. Was I another Miss Mayo come to pry into their drains and uphold them to the derision of the West? Why should they not eat opium? It was no worse than drinking tea; and what about European alcohol? Was not the effect of alcohol far worse than opium? Alcohol makes people violent, while opium only gives them heavenly dreams. Was not the anti-opium campaign engineered by European whisky distillers (or tea or cocoa manufacturers) who want to substitute their goods for the produce of the East? It was stimulating to meet with these objections, even when they were mainly rhetorical. As a rule, I found that among all kinds of Indians as soon as I could show that I was a friend of C. F. Andrews all real suspicions vanished. Officials were always willing to explain the Government policy, and to load me with reports. On rare occasions they were even interested to hear my unofficial impressions. At the opium shops and elsewhere the buyers or consumers were ready to explain why they took opium, and the vendor would receive me with courtesy and offer me a seat inside his shop, while my companion, either Indian or English, cross-questioned him and his customers in the vernacular. These vendors made not the least objection, even when they knew their visitors were anti-opium agitators.

There are two further points, both of the utmost importance, that I must deal with before coming to my report. First, those who know about the present state of the drug traffic may complain that a disproportionate amount of attention is turned upon the countries that eat and smoke opium, and far too little is said of the new and growing evil of manufactured drugs. Manufactured drugs, whether derived from the opium poppy or the coca-leaf, are increasingly used all over the world for purely vicious purposes. This could be stopped if manufacture were restricted; and the failure to restrict manufacture is the real cause of the modern curse of drug addiction. For this failure the Governments and public opinion of some of the manufacturing countries are responsible; the blame is theirs; it should be attached to them far more than to the producing countries, China, Persia, or India. So we are told.

And broadly I accept this view. The manufacture of drugs is everywhere carried out under some measure of Government control. So long as the manufacturing countries all want more than their share of the medical drug market of the world, they are open to severe censure. This issue is so plain that it needs no investigation. But the facts cannot be overstressed. As *The Times* observed in July, 1927: "It is not possible at present to control the growth of a plant which is cultivated freely in China, in Persia, and in Turkey, and in restricted quantities in India; but it is possible strictly to regulate its preparation for medicinal use and the complicated process by which raw opium is transmuted into morphine, heroin, and other derivatives, and to supervise the distribution." The attempt to supervise the distribution by the export and import certificate system is good, but inadequate. Some Governments are not taking it seriously.

The second point is similar. It is the fundamental question whether the problem of drug consumption in the East is anything like as serious as some Western reformers have tried to maintain. The full answer to this question can only be found in the pages that follow. If I may here anticipate some of my conclusions I should say something like this. To the Easterner who asks, Why do you not first stop drunkenness and other Western vices? I would reply that he is right in suggesting that we have social problems in the West that are quite as bad, if not much worse, than the opium problem as I have seen it in the East. To the Westerner in the East who from somewhat different (and often very mixed) motives raises the same objection, I would say that in India as a whole drug addiction appears to be a very small evil, but locally it is serious—in some places even disastrous. It is serious also in Malaya, and I think in nearly all countries where there are Chinese in any numbers. And, what is more; though in many parts of the East the number of drug addicts who are ruined may be small, the effects of drug taking on the social life of the people are much worse than most officials and other European residents seem to realize; doctors, social workers, and many educated Indians and Chinese know how it destroys home life. Most officials seem almost to ignore this aspect of the problem. Finally, although the mistaken belief in the medicinal value of opium is still very widely held among ignorant people, including Europeans, there is now a widespread recognition of its evil among educated

Indians and Chinese, especially in the bad districts. I am inclined to think that the Indians in India and the Chinese in Malaya would take more drastic action, if they had full control of the Government, than is taken by the timid Governments of to-day. But all this is highly controversial, and I must proceed to produce my evidence.

NARCOTICS IN INDIA AND SOUTH ASIA

I

THE NATURE OF THE DRUG PROBLEM

IN discussing the drug problem, and especially the opium problem, one must at the outset make clear the distinction between those uses of drugs that are admittedly good, and those that are commonly alleged to be harmful. Opium and other drugs are acknowledged to have a real medical value, when taken under proper conditions. The best medical opinion I have been able to consult—doctors of various races in various parts of the world with wide experience—inclines to the view that opium is rarely, if ever, curative in its effects, whatever the nature of the disease; on the contrary, its normal tendency is to weaken the system as a whole; but that it may check certain symptoms, and still more destroy the sensations of pain, is generally recognized. The very fact that drugs interrupt the ordinary action of the senses is, of course, evidence of an effect on the system which must normally be accounted evil. Consequently, though it may be possible to advocate complete abolition of alcoholic drinks, no one would advocate the complete prohibition of drug manufacture. Restriction to real medical use is the demand that is commonly made. In Eastern countries it is not always easy to say exactly what is or is not medical use.

If this statement regarding the medical use of drugs is correct, one corollary clearly follows: namely, that to take drugs as a regular habit can never be good for the health. So that, wherever a regular drug habit is found, however moderate, it must be justified, if it can be justified at all, on other than medical grounds.

It is sometimes said that the whole anti-opium and anti-narcotic movement is a relic of English puritanism, of the kind of puritanism that frowns on all carnal delights, that insists on making other people conform to a rigid standard of conduct which the Puritan accepts for himself, and that is prone to find fault with other people for yielding to temptations which the Puritan has perhaps never felt. Those who criticize the anti-narcotic movement on these grounds are inclined to ask why, if

the Chinese like to smoke opium, or the Indians like to eat it, should Western busybodies try to prevent them.

Those who take this view talk about the immemorial customs of the East, and the folly of trying to change them. To this it is replied by those who are careful of historical accuracy, that it is only in the last few centuries that Eastern peoples have taken opium as a habit, and that a good deal of the responsibility for encouraging the habit has been due to Western traders, who have taught the East that the drug trade can be extremely profitable.

This opens up more fundamental problems. Is it true to say that every people is disposed to some sort of intoxicant or drug? The Scots drink whisky, we are told; the English and the Germans drink beer; the Latin peoples drink wine; most primitive peoples distil some kind of juice to use as an intoxicant; the West Africans are rapidly taking to gin; the Chinese smoke opium; modern Americans and other townspeople are becoming addicted to cocaine; and so on all round the world. It is a plausible argument, but hardly convincing.

Alternative explanations are at least possible. Many of these habits are quite modern, at all events in their extensive forms, so that one wonders whether they are not accompaniments of modern civilization, especially of industrialism and town-life. Again, may it not be true that the present demand for these things has been largely fostered by drug and drink merchants, who have discovered and exploited a human weakness for their own ends? That the weakness, or the tendency, exists in man no one can deny. That it is bound to find some sort of satisfaction is much more doubtful. Many human tendencies can be easily sublimated or entirely suppressed or disregarded without any ill-effect.

In the course of my journey in the East I got some light on these problems. It is widely known, for instance, that the women who work in Indian mills very often "dope" their babies, to keep them quiet while their mothers are at work. This is not a new habit, which has only sprung up since the introduction of mills; in the West, as in the East, poor mothers sometimes have resort to drugs to keep their children quiet. But in its present intensity the practice is quite modern. In rural India it appears to be local, depending largely on local opinion—that is to say, on the opinion of the older or more strong-minded women. In a village near Nagpur a woman argued with my companion, an Indian doctor,

that opium was good for the babies, as it kept them from crying and also prevented diarrhoea. One infant that we saw had been so well doped that his mother had had to blister his stomach to encourage his digestion. But the elderly tyrant still insisted that opium was good and necessary. Yet on the other side of the village the women were quite scornful of the habit; they had learnt better, they said, and would not think of doing such a foolish thing.

In another part of the Central Provinces I was told that the women doped their babies because they had to go and work in the fields; there were Christians in those villages, so I asked if the Christian mothers did it. "Oh no, they know it is wrong." Yet the Christian women were quite as poor and quite as hard-working as the others.

Such instances suggest that there is an economic reason for the baby-doping, in town and village alike; but it is not insuperable. Even before labour conditions have been improved it can be overcome by those who know it ought to be overcome. The habit persists only where bad economic conditions are united with ignorance.

At an opium shop in Delhi I heard an Urdu saying to the effect that opium nourishes an infant, ruins a young man, and sustains an old man. When I mentioned this to Mr. Gandhi, he said it was a common belief, adding that he himself had no doubt been given opium in infancy.

Under such conditions it may well be argued that education and propaganda are more desirable than prohibition. With this argument, when it is seriously meant, I have a great deal of sympathy. Unhappily it is often put forward in the East by people who have not the least intention of encouraging anti-opium education or propaganda.

Again, a careful examination of the "black spots" of opium addiction in India serves to explode various explanations of the habit that are current among Europeans. In some parts of India, for instance in the Punjab, where the opium habit is almost confined to the Sikhs, certain races or communities seem to turn to one form of addiction, and their neighbours to another, or to none; but this seems to be due, not so much to occupation or climate or to some innate racial tendency, or even to religious prejudice, but to the factor of personal influence. Dr. R. N. Chopra, whose recent researches throw more light on the opium problem

in India, especially in the Punjab and Calcutta, than any previous inquiry, finds that the habit is formed more often for pleasure or by reason of association than for any other reason. Tibbi physicians use it for various ailments; Ayurvedic physicians administer it very rarely. It is more commonly used by "itinerant quacks and shopkeepers". It is not now used as a household remedy against malaria, or to ward off damp and cold. Where it is used as a common household remedy for disease and pain, this is due to distrust of Western medicine. Sometimes it is given "to appease hunger among the poverty-stricken masses, and to keep the baby warm in cold weather". But all these excusable things happen in districts of light consumption. Where consumption is heavy, association and pleasure are the causes. Colonel Chopra even points out that in some districts where opium taking is a serious evil, baby-doping is hardly known.

Association is, indeed, the one factor that seems to be constant in all "addicted" areas or communities. It is true that addiction to opium is very high in parts of Assam, where the people live in low malarial country; but it is also true that the habit is found among people living above the Brahmaputra valley away from malarial conditions. Moreover, one village will be hopelessly opium-ridden; and the next may be almost free. These seeming contradictions are even more marked in the part of Orissa that has a heavy figure of consumption; some of the villages are in low country among the rivers, others are in the hills. Some villages in the low country are quite free. Colonel Chopra notes the same variation in the Punjab.

It is sometimes said that opium is taken in India by Muslims because the Koran forbids the use of alcohol. This is a misleading generalization. In parts of Eastern Bengal, where the population is mainly Muslim, and where, moreover, the standard of life and education is low, the figures of consumption for opium, for alcohol, and for all other drugs are uniformly low.

There seems to be no connection between alcohol consumption and drug consumption. In the towns the figures are usually high for both; in country places there may be high drug figures and low drink figures, or vice versa; but it is also quite common to have high figures for drink and drug consumption in the same district, or low figures for both. In Assam, where drastic reductions of opium are being made each year, I several times made inquiries

to find whether the drink shops were benefiting from the reduction of drug sales; the answer was invariably in the negative, even in a village where the two shops were within a stone's-throw. Customers and licensees said the same thing. One customer replied that he took opium and *ganja* and drink. If a man wants to get intoxicated he takes *ganja* or alcohol; if he wants to become sleepy and content he takes opium. This unhappy individual evidently liked to mix his sensations.

A Hongkong police official told me that nowadays many business men in Hongkong take opium and then gin on top of it; the opium makes them sleepy, the gin brings back the glint into their eyes, so that no one observes the effect of the opium.

Now, what does all this amount to? Is the whole thing a harmless or at any rate a tolerable habit, hardly worse than tea drinking or tobacco smoking? And whether it is so or not, do most of the inhabitants of the East so regard it?

In answer to the first question I should say that opium, like alcohol, can be taken moderately for many years without serious results. I met a few men who had been eaters or smokers for thirty years or more and were still able to work. I think this applies to smokers even more than to those who eat opium. It is rather amusing, by the way, that in India one is often told by Europeans that opium eating is harmless, whereas opium smoking is most pernicious; and in Malaya the Europeans dish out the opposite tale. Both are idle fancies, repeated in honest ignorance from generation to generation. The medical researches of Dr. Neligan in Persia, Dr. Chopra in India, and other doctors—Chinese, Dutch, British, American—all disprove them.

Those who smoke or eat opium for many years without evil effect must be reasonably well off, so that they can afford what is now an expensive luxury in British and Dutch possessions; they must be content with a dose that is not increased from year to year; and it is generally agreed that the drug becomes less and less effective in producing pleasant sensations unless the dose is increased.

This much is evidently true; on the other hand it must be recognized that the habit once formed is very difficult to break; and even those who have broken it off are exceedingly likely to relapse, in case of illness, injury, or other misfortune. Opium is rightly called a drug of addiction. The habit can be broken; but

the difficulty can be best expressed by saying that "With God all things are possible." Without Him, no. To break the habit requires more than ordinary strength of will. And this is not all. The social effects, as I must insist again and again, are very bad. Everyone I spoke to in the East who had real knowledge of the homes of the people agreed with this. The opium addict himself may be little the worse, physically at any rate; but his character is undermined, and his family is often ruined. And this may be true even of the moderate consumer. As to the confirmed addict, he is a wreck, morally and physically, within a year or two. It is surely significant that if any soldier in the army of British India is found to be an opium taker he is instantly dismissed: so, at least, I was told by a staff officer at Delhi, but I could not confirm the statement. The explanation given is that any man who takes opium is unreliable.

Opium in India, as I have said, often condones the giving of opium to babies, and the taking of opium by old men, who can thereby ease the pains of their old age, even if in so doing they undermine their strength. Is it not better to live till fifty in comfort than to endure till sixty in misery? But I found few men in India, apart from some who belong to the Indian States in Malwa, where opium is grown, who were prepared to defend the taking of opium between the ages of two and forty. Young men who came to the shops to buy were either buying for a parent at home (occasionally for their mother) or else declared that they had begun to take it because of illness or injury—usually for internal pains.

In most parts of India, where opium is rarely taken by people in youth or middle life, there seems to be practically no anti-opium opinion; but wherever it is common, whether in the cities, or in Assam or Orissa, and I believe in other parts, even in Rajputana, there is undoubtedly a real and growing opinion against it, in some cases a strong opinion. This may be recent, but the saying I heard in Delhi suggests that it is old.

I am not so confident about the opinion of the Chinese in Malaya and Java. There have been strong anti-opium movements in those countries, especially in Malaya; but they have not received much encouragement, and they have died down again. I think there are signs of a new movement now, partly, it may be, in response to the concentration of opinion in Geneva; or perhaps because of the infection of the Chinese national movement.

To revert to the question with which this chapter began. My investigations have convinced me that there is, in parts of the East, especially in areas, whether large or small, in which there is a heavy consumption of opium, a strong anti-opium sentiment, based on knowledge of the evil effects of the drug; and based, too, in a type of puritanism that is wholly indigenous, and which seems to me to rest on a much more profound philosophy of life than the puritanism that survives in the West. Eastern puritanism, especially perhaps in India, is positive; it sees that the most significant knowledge can be attained only by those whose hearts and minds are free from all base desires; such knowledge comes only to those whose hold on eternity is so firm that they need no artificial stimulus. Alcohol and drugs may loosen the tongue and breed a sentimental good-fellowship and a seemingly divine afflatus, but the good-fellowship gives place to suspicion and moroseness, and the divine afflatus is followed by a sick headache. The spokesman of a small company of sour-looking *sadhus*, who were sharing the morning *charas*-pipe under a tree at Sehere, when asked how much they took, replied, "As much as God gives". If the intoxication is the gift of God, whose, I wonder, is the gift of madness and pain that comes after? The wise man must learn the art of good-fellowship and of divine communion without these deceitful short-cuts. He will turn away from alcohol and opium, not from self-righteousness, nor from a desire to outdo his rivals in the race for wealth and power; but because he wants to live as a man among men, with senses alert to hear the daily call of duty, the music of the human orchestra, and the still, small voice of God. That is the view of Eastern wisdom.

II

EXTENT OF THE DRUG PROBLEM IN INDIA

FOR many years the Government of India and the Governments of the Provinces of British India have issued annual excise reports, showing the consumption of various drinks and drugs in all the districts of British India. The number of statistics produced by Government in India is amazing; no wonder the officials have gained the reputation of being conscientious. It is hard to believe that, in a country of innumerable villages, the majority of which can never see an official from year's end to year's end, such statistics are always reliable. It is scarcely conceivable, even, that every village wedding is correctly recorded; and the traveller in India hears interesting tales of the zeal of medical officers—not only Indian—in assigning some “recognized” form of death instead of admitting that the cause of death is “unknown”. Drug-consumption statistics probably need not be regarded with so much mental reservation, though they may need rather careful scrutiny and interpretation. The Government certainly does all that is humanly possible to control the production of opium in British India, and the sale of all drugs. Apart from the fact that non-Government opium is freely smuggled about the country, however, the vendors of opium sometimes engage in malpractices, such as selling short-weight: for instance, in Assam, where the opium consumers are now registered, and only allowed a limited ration a month, I saw a beggar youth, completely ruined by opium and unable to stand on his legs, who was obtaining from the licensed vendor far more than any registered consumer is allowed. I doubt if he was registered at all, and I am almost certain that the opium he got was Government opium.

Again, in observing the high figures of consumption for the big cities, one may bear in mind the possibility that the consumers include, not only the inhabitants of the city, but also people from the country round about. In Calcutta, for instance, the shop with the largest sale of opium is close to the Howrah bridge; and the vendor assured us that his sales are heaviest at the hour when people are leaving the city to catch the trains out into the country from Howrah station.

Such factors need to be borne in mind, but they are of minor

importance. Generally speaking, the official figures may be accepted at their face value; and they provide invaluable material for judging the extent of drug-taking throughout British India. Seizures of smuggled drugs are also published, and this gives a rough indication of the extent of illicit consumption. Government reports form the basis of most of what follows.

Drug consumption or drug addiction in India consists of the eating and smoking of "prepared" opium; of the eating or smoking of derivatives of Indian hemp; and of cocaine injections. Opium is cultivated under strict Government control in the Benares agency of the United Provinces. Its cultivation without licence is prohibited; and it is not now cultivated in any other part of British India. I saw a few opium poppies in flower in the garden of the tax-collector's office in Delhi in March, 1928; and I wondered what would happen if I informed the police; but the plants were so poor that I doubt if the tax-collector could have got a single sweet dream from all the white juice in their capsules.

The Report on the Operations of the Opium Department for the year ending October, 1925, includes a map; from this it appears that in that year the area of cultivation extended from near Meerut down the Ganges, Gogra, and Jumna valleys to the junction of these rivers; the whole area is about 400 miles by 150, at its longest and broadest. In the greater part of this area less than 1 per cent. of the cultivated country is under poppy; in a few districts it is between 1 and 2 per cent.; in none is it higher. Each year there is a decrease in the number of licences issued to the cultivators. The rate of decrease varies; in some recent years the crop has been so large that considerable stocks have accumulated; accordingly the reduction of licences has been rapid—19,764 in 1920-21, 16,652 in 1923-24, 15,081 in 1924-25, 11,305 in 1925-26.¹ The actual number of cultivators fell from 441,151 in 1920-21 to 281,694 in 1925-26; and the land cultivated (excluding failures) from 185,689 *bighas* to 113,691 *bighas*. As a matter of fact, the area of cultivation is higher in 1921-22 than in 1920-21; higher still in 1922-23 and 1923-24; and a very little lower in 1924-25. The great drop in area, so far as recent years go, is only to be found in 1925-26. This is apparently due both to accumulation of stocks and to a radical change in Government export policy. Figures of produce show a steady rise from 14,340

¹ Figures in 1925 and 1926 reports differ; the latter are presumably correct.

maunds in 1920-21 to 28,254 in 1924-25, when there was a bumper crop; but in 1925-26 the produce was only 13,030 maunds.

Opium is a popular crop among the cultivators; for although its cultivation appears to be contrary to orthodox Hinduism, the Government encourages the cultivators with advances, and they can be sure of getting a good price for their produce. "The reduction in cultivation" in 1925-26, we are informed by the opium officials, "caused great disappointment to the cultivators, who were all the more eager to secure licences to cultivate on account of the abnormally good outturn of the previous season, and numerous petitions were received both by the Agent and the District Opium Officers." For future reductions early intimation is to be given to the cultivators. In the balance-sheet of 31st October, 1926, advances to cultivators are shown as follows: for opium, 700,910 rupees; for leaf, 8,900 rupees; for wells, 10,348 rupees.

The collection of the opium is very carefully supervised, so that probably only very small quantities get into the hands of unauthorized traders. The whole crop is sent to Ghazipur, arriving there between early April and the middle of June each year. At Ghazipur there is a large opium factory belonging to the Government of India. It is the only such factory in India to-day; and a large part of the factory is closed, as the quantity of opium manufactured is very much less than in the days of the China trade, before 1907.

The raw opium is deposited in great square vats, where the visitor looks down on a mass of black squudge, with a slight crust on top. Bubbles form in the crust, and this is an indication of high morphine content: the low-grade opium (66 per cent. instead of 70-75 per cent.) showed no bubbles. (It should be noted that the remaining percentage of the squudge, 25-35 per cent., is water. When the stuff is completely dry it should be 100 per cent. opium.) The opium is sun-dried in large dishes or pans. Some of the pans that were being worked on 15th of November, 1927, showed the marks of the fingers of the workers, who had been "dragging" it for foreign substances. Those who do this work inhale so much of the fumes that after ten days they have to have a rest period.

The processes are very strictly controlled. Places where pans have stood are scraped and dusted and swept up at the end of

each day, and what is collected goes back into the vats. The workers are all searched every day as they come in and go out; and the night guards stand in barred "cages" from which they can see if anyone comes to the opium, but they cannot get to it themselves.

At Ghazipur the opium is divided into four categories, and is passed through fairly simple processes, varying for the four categories. Some of it is made up into medicinal opium for Europe; this is all exported under certificate to the High Commissioner for India in London; a slightly different preparation is used for medicinal opium for India; next there is excise opium—that is to say, opium prepared for use in India; and, lastly, there is provision opium—that is to say, opium prepared for export to countries where it is used for smoking. In the last few years, moreover, large quantities of alkaloids have been extracted by the chemical department at Ghazipur. This is not a permanent arrangement; but it has given rise to misunderstanding, suspicion, and controversy, so that it may be best to deal with the matter at this point, and then return to an exposition of the four normal processes. On the 6th February, 1929, Sir George Schuster, Finance Member of the Government of India, replied to a series of questions put in the Legislative Assembly at Delhi by Rev. J. C. Chatterjee; the following summary of his reply appears to give the true facts of the case. Pure morphine, which is a beneficial medical drug, has been produced in Ghazipur for many years. Except for one consignment of 430 lbs. sent to Great Britain in 1923–24, it has never been exported, but is all used by dispensers and druggists in India. Recently crude morphine has been manufactured at Ghazipur in large quantities. This was manufactured in order to dispose of accumulated stocks of contraband opium. In 1923–24 over 4,000 lbs. were manufactured; in 1924–25, 2,000 lbs.; in 1925–26, over 5,000 lbs.; in 1926–27, nil; in 1927–28, over 1,100 lbs. It is hardly surprising that the publication of these figures caused alarm in the world. For crude morphine is not only a useful medical drug; it is also a dangerous drug of addiction; and already, before Ghazipur began to manufacture it, Western drug factories were producing far more than the reasonable medical demands of the world. It looked as if this excessive supply were being further increased. Actually it appears that that was not the case. This crude morphine was all sent to London, to

replace exports of medical opium which would otherwise have been sent to London for manufacture into morphine there.¹ It was only sent in response to orders given by persons in London who had British Home Office permits. If, therefore, any of this drug was getting into the contraband trade or was being used for non-medical purposes, the fault would lie with the British Home Office rather than with the Government of India. Actually, as far as I am aware, there is at present no evidence that the London importers have ever participated in the illicit traffic. They appear to be absolutely *bona-fide* medical manufacturers.

Sir George Schuster concluded his statement with an important declaration: "I may state that although the Government of India, owing to the procedure adopted, were satisfied that the crude morphine exported by them only went into proper hands, they have actually, since March, 1928, stopped its manufacture and are turning instead to the manufacture of codeine, a preparation which, although in its chemical analysis it closely resembles morphine, is actually classified in technical language as a harmless and non-habit-forming drug."² He also stated that heroin, another dangerous drug which is obtained from opium, has never been manufactured at Ghazipur.

We may now consider the normal processes undertaken at Ghazipur.

First, as to unmanufactured medicinal opium. The amount of medicinal opium sent to England from year to year depends entirely on the orders received; and the High Commissioner's Office only orders medicinal opium on receipt of a licence from one of the two British accredited firms; this licence is granted by the Home Office in London, and is for a fixed amount, to be manufactured into medical drugs. The following licences have to be produced before these British firms can obtain opium from Ghazipur: a Home Office licence to the firm to hold and manufacture a certain amount; a Home Office licence to the High

¹ Anyone who consults the figures published by the League of Nations will see that the export of manufactured drugs did in fact correspond more or less with reduction in the export to Great Britain of medical opium. It was the discovery of this fact that first led me to doubt whether the outcry against the Government of India in this matter was justified.

² Codeine, though itself non-habit-forming, can be turned into habit-forming drugs. All the codeine manufactured at Ghazipur is sent to London, so the responsibility of its ultimate use is still a matter for the British Home Office.

Commissioner's office to import it; a Government of India licence to the Ghazipur authorities to export it.

The Government reports do not give the same statistics each year. From 1st November, 1924, to 31st October, 1925, it appears that 116,000 lbs. of medical opium (= 1,450 maunds) were sent to Europe (i.e. to London), and 16,000 lbs. to the United States (via London). I understand that this export to America was exceptional and is not likely to be repeated. In addition to this, 451 lbs. of cakes and 1,167 lbs. of powder were sent to various parts of India, nearly all to large firms—5 in Calcutta, 1 in Lahore, 1 in Ahmedabad, and the Government medical storekeeper.

The 1925-26 report gives the total amounts only: 710 chests of medical opium were issued for London, but this includes 108 chests "transferred to Abkari Department" (Abkari is the Indian Excise) and two to another account, whereas 750 lbs. of cakes and 1,341 of powder were issued for medical use in India. Each chest of medicinal opium contains, I believe, $1\frac{1}{2}$ maunds, so that the actual export to London would be 900 maunds, compared with 1,409 in 1924-25. But I may be mistaken in this. For the excise chests certainly contain 60 seers, i.e. $1\frac{1}{2}$ maunds; the export chests that I saw being filled at Ghazipur were apparently larger; so perhaps they contain 72 seers or more. The manufactured drugs previously referred to are sent to London now not as an addition to the normal supply of medicinal unmanufactured opium, but to replace it. This is, of course, financially advantageous. As it consists of Malwa opium seized by the customs authorities, it costs nothing to the Government, which can sell it at a high price. It is thereby enabled further to reduce cultivation; and the manufacture is kept in Government hands, instead of going to private manufacturers. So long as there are illicit stocks to be seized and in some way utilized this seems to be a good plan, provided it does not lead to any increase in world manufacture—a very important proviso. Indeed, it might be well if all the medicinal opium were manufactured into alkaloids at Ghazipur, under Government control, instead of going to private manufacturers in India and England.

The excise opium—that is to say, opium that is sent out to the Provincial Governments for non-medical use—is made up at Ghazipur in one-seer squares and packed into chests. In 1925-26 5,220 chests and $57/60$ ths of a chest were issued. Excise opium consists of two parts Malwa opium and one part Benares opium.

Malwa opium is the opium produced in the Indian States. It is more oily than Benares opium, and less pure; so that its narcotic content is presumably less. The difference is due to a different method of getting the juice out of the capsule. Oily opium is preferred for consumption in India. In 1924-25 9,310 maunds, and in 1925-26 3,347 maunds of crude Malwa opium were bought from Indian States, nearly half in each year coming from the "Joint Malwa States", a similar amount from Gwalior, and a small amount from Indore. 7,969 maunds of excise opium were issued to the Provinces in 1924-25, 7,871 maunds in 1925-26. The amount does not vary much from year to year, but this depends mainly on the demands, and therefore on the policy of the Provincial Governments, of which more anon.

Provision opium is made up into balls, each ball containing one seer, and then packed into chests, each chest containing sixty balls. Before 1907, in the days of the China trade, 30,000 to 40,000 chests were sent out each year; in 1925-26 10,749 chests were issued, of which 8,017 were sold in Calcutta. It is not clear from the report what happened to the rest. Only 7,000 chests went out in 1926-27, and in 1927-28 only 5,000 would be sent out. For on 1st September, 1925, the Government of India declared its resolve to end the export of provision opium within ten years. For long it had declared that opium smoking was an evil habit, but it continued to export opium to various Eastern Governments that tolerated or encouraged opium smoking—such as the Straits Settlements and Federated Malay States, Dutch Indies, French Indo-China, Macao, and Hongkong. It was notorious that some of this opium—for instance what went to Macao—got into the hands of the illicit traffickers; so the Government of India decided that it was better to cut off this export trade altogether. The figures are accordingly going down each year. Also the free auction sales in Calcutta, which had been one of the most freely criticized features of Government policy, have been stopped.

Quite recently Benares opium has been seized by the customs authorities in China. But it may be safely assumed that less and less Indian opium will get into the hands of the smugglers in view of the Government's new export policy.

Excise and provision opium—or at least the latter—are packed in dried leaves of the poppy. This packing prevents any loss of morphine. And what remains of the poppy plant is used for

sawdust and packings. This is no doubt an economical arrangement; and it seems natural that the other parts of the plant should be less likely to absorb the morphine than other substances. They do not absorb it when the plant is growing.

Before concluding this account of the Ghazipur activities it may be well to give figures showing the annual value of the sales of the various kinds of opium. The following are the figures for 1925-26: provision opium sales amounted to over 51,178,000 rupees; Benares excise opium to over 1,924,000 rupees; blended excise opium to over 10,905,000 rupees; medical opium for export to Britain, over 2,349,000 rupees; medical opium in powder for India, under 37,000 rupees; medical opium in cake for Indian use, under 14,000 rupees; alkaloids (nearly all exported to England as morphine), over 302,000 rupees.

There was a loss on the medical opium (245,000 rupees on British medical opium), and a profit on the provision opium (19,695,000 rupees), and on the alkaloids (165,000 rupees).

It will be noticed that the Government of India condemns opium smoking, but continues to issue large amounts of non-medical opium to the Provinces of India. In India opium is usually eaten, not smoked. It is smoked, however, largely in Assam and to some extent in some of the cities of the United Provinces, in Calcutta (not only by Chinese), in the Godaveri region and elsewhere—a good deal more, in fact, than the Government's apologists have commonly admitted. However, it remains broadly true that opium is eaten in India rather than smoked. It is also broadly true that opium consumption in India generally is not a serious problem. But India is a vast country; and there are parts of the country where it is serious. In the following chapter it will be necessary to scrutinize the position in these so-called "black spots".

Hemp is cultivated under licence in a few districts of Southern and Central India; in the north it grows wild all along the foot of the Himalayas from the Punjab to Assam. In some districts attempts are made to prohibit collection from the wild plant. Hemp is taken in three forms called *charas*, *ganja*, and *bhang*. *Charas* is made from the capsule of the female hemp plant, before the flower has been fertilized; this is imported from Central Asia through the Punjab. Its use is almost restricted to the peoples of Northern India, and in the Southern Provinces it is prohibited.

Ganja is similar, but less potent; it is produced under licence at Naugaon in Bengal, and the wholesale supply is in the hands of the Naugaon Ganja Cultivators' Co-operative Society. *Ganja* is also produced under licence near Ahmedabad. In some parts of the country, where *charas* is smoked, *ganja* is prohibited. *Bhang* is made from fertilized plants, and is taken in liquid form, while *charas* and *ganja* are smoked. *Bhang* is said to be comparatively mild and harmless—perhaps, at any rate, no worse than opium—but it is habit-forming. *Charas* and *ganja* are intoxicants; they may lead to violence. *Charas* smokers often go mad. Fakirs and other “holy men” often smoke *ganja* or *charas* to produce a “religious” ecstasy. Perhaps they do not clearly distinguish between religious exultation and madness. This is so common that in some provinces fakirs are allowed special facilities for collecting and preparing the hemp. Amongst those who do not claim the special privileges allowed to this form of holiness *ganja* and *charas* smoking are admitted to be evil. In Calcutta, after we had talked freely to the opium buyers, we went to a *charas* shop. As soon as we were noticed standing a little way off, the intending customers drew back, hovering about in the middle of the road. One bold man ventured to come for his *ganja* and assured Mr. Anderson that he took it because it made him feel as strong as a tiger. The spectators seemed to doubt whether he was doing right to boast so openly.

In Burma the hemp seems to be unknown; and in Southern India it is comparatively little used. Consumption is much heavier in Sind than in any other province; but there is no doubt a good deal of illicit consumption in many other parts of North India, where the plants grow; and although the system of controlling *charas* importation is elaborate, I heard various tales of how it is smuggled into India by Sikh soldiers. In the United Provinces Excise Report for 1926–27 it is pointed out that huge profits are made on *charas* smuggling. The price paid at the source of supply is from 6 to 10 rupees per seer; the sale price is 120 rupees per seer.

Cocaine injection is illegal all over British India; in some of the big towns, however, especially in the United Provinces, I was informed that the habit is spreading like wild-fire; in others, such as Calcutta, it is thought to be less serious than it was ten or twenty years ago. Illicit cocaine is often seized by the customs authorities and police; huge figures purporting to represent the

total illicit traffic have been published recently; but these estimates must be largely guess-work. According to the United Provinces Excise Report, most of the cocaine comes from Germany and Japan. In Bombay the illicit trade is chiefly in the hands of Pathans; the countries of origin are said to be Germany, Japan, and Italy.

III

OPIUM IN THE PROVINCES OF BRITISH INDIA

OPIUM is generally spoken of as a transferred subject in India to-day. The fact of the matter is that whereas the Indian Provincial Ministers, who, under the 1919 Constitution, are responsible to the elected Provincial Councils for their policy, do control excise, they do not control finance. It is liable to happen, therefore—and, in fact, it has happened—that when Provincial Councils have voted for a reduction of opium or drink licences, such proposals have been vetoed because of their anticipated effect on finance. It has also to be noted that the sources of income for Provincial Governments are limited, and excise is by far the most important. If education and social services are to be developed, it is not easy to reduce excise.

These facts must be borne in mind. Nevertheless, it remains true that Provincial Governments have general control over the sale of licences and over the drink and drug shops. Each year a report of the excise department of each province is published, and these reports are illuminating documents.

It is quite clear from some of the reports that excise policy is uncertain and even contradictory. At the same moment a Government will be taking measures whose avowed intention is to decrease consumption, and its agents are also trying to push sales in order to increase revenue. In most provinces the licences are sold annually by public auction. Those who attend these auctions are usually the riff-raff of the population. Europeans are rarely present. Not long ago a Western Y.M.C.A. worker attended an auction in the Central Provinces; and he observed how a Government official went from one to another of the likely purchasers, urging them to increase their bids, and pointing out villages and districts that had not yet been "worked", where sales might be greatly increased. No comment is needed.

In the United Provinces the excise report for 1926-27 observes that "the downward tendency in the sales of *charas* has now been arrested"; and "a proposal for the experimental cultivation of the hemp plant for the production of *ganja* in this province is at present under the consideration of the Government". There seems here to be an undisguised desire for more revenue, even by

means of increased sales. It is hardly decent for the same report to adopt a high moral tone: "The Benares division", it says, "seems, therefore, to be the most depraved in respect of the use of intoxicants, although it is the very centre of the sacred soil of the Hindus."

The ingenious method adopted to bring about a higher revenue and a lower consumption at the same time is the method of raising the price of opium year by year. This is supposed to lead to "maximum revenue with minimum consumption". In most provinces, but not in all, the revenue has gone up a great deal and the consumption has gone down very little. And as soon as it does go down seriously the Government officials begin to call out—often quite justly—that the decrease in consumption is not genuine; that, owing to the high price, smuggling is increasing, and the consumers are still getting the drugs or drink they require, but getting them through illicit channels. In Bombay Presidency the excise report for 1925-26 speaks of "Loss of revenue, no improvement in temperance, an increasing contempt for law and authority, and demoralization of the inadequate excise staff". In West Khandesh "there is no doubt that excise crime is undermining the innate truthfulness of the Bhil, who will now no longer admit the ownership of a still in a *mala* half a mile away; it is supplying him with large quantities of unwholesome liquor and is breeding a contempt for the law and its agents which can only be regarded with grave apprehension". All this is put down to the excessive price. Officials in the Central Provinces make the same complaint.

Thus the policy of increasing the price does lead to a higher revenue; but it does not lead to reduced consumption. For the following reasons I believe it to be a thoroughly unsound policy: first, as already indicated, it encourages smuggling; again, in the case of opium especially, once a man becomes addicted to the drug, no increase in price will prevent him from buying his dose; his wife and children may starve; his house may fall to pieces about his head; his fields may go untilled; but he must have his opium. Increasing the price of opium means the more rapid ruin of many families in the towns and villages of India. Moreover, the very increase of revenue is a menace; for it inevitably increases the reluctance of Government to adopt a policy of honest restriction. The policy of maximum revenue and minimum consumption is

equivalent to an attempt to serve God and Mammon at the same time; the world has been assured on good authority that this cannot be done; experience of excise policy in India seems to support that authority. This policy may be what is called worldly wisdom; if so, a little heavenly wisdom is required.

Where the production, manufacture, and sale of drink or drugs can be strictly controlled, as in India to-day, I believe the right policy is to reduce the price to the lowest possible point. There can be no increase in consumption; the evil social effect of drugs will be reduced to a minimum; and the Government will lose its dangerous interest in the sale.

There is, I believe, no short-cut to reform—unless it is prohibition. But before considering whether prohibition would be wise or unwise, it will be useful to scrutinize more closely the position in some of India's "black spots".

In the upper part of the Assam valley opium consumption is heavier than in any other part of British India. There may be parts of Rajputana that are as bad. It seems that twenty or thirty years ago this was condoned by Western tea-planters and officials; they said it was a local habit, and that the people required it to ward off malaria. There may be still a few Europeans who say those things; I did not meet even one. Officials, planters, traders, missionaries whom I met all agreed, as did every Indian I spoke to, from the most conservative to the most radical, that opium in Assam is an unmitigated curse and a major evil of the province. In view of the official Botham Report¹ and the Assam Congress report it would require some hardihood to defend or excuse opium addiction in Assam to-day. The only difference of opinion that I encountered was on policy. Government is committed to a policy of complete suppression within ten years. Already every consumer is registered; and at every shop I visited each consumer produced his card, indicating how much he was permitted to buy every month. The one exception was the wretched youth already mentioned (p. 20), who was not on the register at all! In 1927 the Provincial Council passed a further measure, prohibiting the sale of opium for smoking purposes altogether from the beginning of

¹ The Assam Provincial Government appointed an opium inquiry committee, known as the Botham Committee; and its report was presented in 1921. It was not published at once, but the Government took note of the gravity of the situation revealed in the report.

1928. In view of this it was startling to find that a responsible British official in one of the worst districts, whom I met in December, 1927, had taken no steps to enforce this law, and spoke doubtfully of progress within the next thirty years. He evidently had no belief in the sincerity of the national parties, and had no intention of trying to enforce their demands. He insisted that the only people on whom he could rely for assistance in enforcing the law are some of the planters who are honorary magistrates. Incidentally it was interesting to learn from him that the planters will not tolerate opium shops near their tea-gardens. Consequently the shops are mostly in the towns, near the railway station; and so the shopkeepers quickly hear if he or another inspector is coming, and everything is put in order for the inspection.

It was clear that his distrust of the people was fully repaid; and it is true enough that the national leaders do not co-operate with the officials in enforcing the law. The mutual distrust is too great. Yet the most remarkable reform yet achieved in Assam was done by Mahatma Gandhi and the Congress leaders in 1921 and subsequently. Gandhi visited Assam in August, 1921, and told the people they could not achieve *Swaraj* without giving up their drugs and drink. He knew how hard it is for men to break themselves of these habits; but he told them they could do it if they had faith in God. And many of them did it. From August to November hundreds of young men, fired with enthusiasm, took up the temperance work and preached against opium, *ganja*, and other drugs; they stood outside the shops and implored the people not to buy; no violence was committed. Unhappily Government intervened and imprisoned many of the workers, on the ground that they were preaching disaffection and that they were trying to undermine revenue. Undoubtedly their aim was political; but it is deplorable that their good work was thus interrupted. In spite of this there was a great decrease in consumption. In 1920-21, 1,614 maunds of opium, 639 maunds of *ganja*, and 304,572 gallons of country liquor were consumed; in 1923-24 the figures were 884 maunds, 344 maunds, and 191,421 gallons respectively. What is even more remarkable, the figures did not go up again. I met some men who had given up opium as a result of Gandhi's appeal and who had never gone back to it, and I heard remarkable tales, which I could not doubt, of things that had happened at that time. The Government of Assam had instituted a system of recording the

names of all purchasers of opium in 1921, following the receipt of the Botham Report; and public opinion was called for against the opium evil. But when the temperance movement grew so suddenly Government seems to have taken fright; so one can hardly give it much share in the credit for the great reduction in sales.

When I asked some of the national leaders whether they would not begin another big temperance movement, they replied that they did not care to do it without a guarantee from the Government that they would not be treated as criminals, or falsely accused by the police. I found this retort unanswerable.

The national leaders now demand immediate prohibition. The official already quoted and some other Europeans I met declare that this would mean the death of thousands of addicts. This seems incredible. I spoke to a prison medical officer, who told me that many opium addicts go to prison, and he never allows them any opium there: in many years' experience he had only once thought it wise to give a dose for two or three days. For the first few days, he said, the addicts feel very miserable and think that they will die; they continue in a bad state for about a month; after three months without opium they are entirely new men, robust and strong, hardly recognizable even by their own wives. Testimony to the same effect was given before the Jubbulpore opium enquiry committee; only 5 per cent. of the opium addicts who go to prison require the drug, and even they are broken of the habit within a fortnight. Colonel Chopra's account of "withdrawal symptoms" is almost to the same effect. The essential thing is that a man should know that his source of supply is cut off. Then he will soon get rid of the craving.

It was interesting to observe that when we asked opium smokers what they would do when the new law came into force, they seemed quite ready to face the inevitable and do without.

The critic may say, "Of course they knew they would still be able to get what they wanted through illicit channels." I do not think this is a fair assumption, seeing that many of those who were cured in 1921 and 1922 were most grateful to the temperance workers who had saved them. However, something must be said about the extent of the smuggling problem in Assam.

There are two sources of illicit supply in Assam to-day: the Chinese Empire, including Tibet; and Rajputana. The official

whom I have already quoted believed that all India was being swamped by Chinese opium to-day. I made very careful inquiries about this in many places, and I believe his statement is completely unfounded. In Calcutta, in Madras, and in other parts of India I was assured by excise and police officials that illicit opium that is seized comes either from Rajputana or from Persia, mostly from the former; Chinese opium, they told me again and again, is almost unknown. The more reliable the authority the more dogmatic they were on this point. Some Chinese opium, I believe, is smuggled on British India Company and probably other boats into the Bay of Bengal, and no doubt some reaches Rangoon and Calcutta. But it would appear that the amount is comparatively small. In Assam itself there is a thin trickle of opium coming in from Tibet and other Mongolian countries; but it seems to be brought in for the exclusive use of Tibetan and other Mongolian coolies working in mines or tea-gardens. In the hospital at Margherita a Tibetan coolie, who had only been a few weeks in Assam, assured my companion that he smoked opium—I had ascertained that none of these coolies were on the register; and none of them purchase opium at the Government shop. He went on to ask him how he got it. He was about to reply when his neighbour, an older hand, stopped him. Probably the reply the "green" coolie might have given would not have told us much; but it is pretty clear that these Tibetans have their own source of supply, as well they may, through those remote jungles and hills of North-East India. It is also clear that their supply is for their own use. In Java and Malaya, where there is smuggling of opium from China, captures are very frequently made. The Chinese smugglers are mostly "small" men doing a little private trade of their own. The great international syndicates, working from the Persian Gulf, are far more difficult to detect. If there were much Chinese opium coming into Assam captures would soon be made. The source of mischief at present is not China, but Rajputana. It is against the Marwari merchants, who are the chief traders of Bengal and North-East India, that the excise officials must keep watch. In 1927 extra officials were appointed on purpose to deal with this menace. But it can be more readily dealt with at the source. As soon as the Government of India buys up the old stocks of Malwa opium¹ from the Rajput States, the source of this illicit supply will be

¹ See Chapter IV.

practically destroyed. Watch may still be needed on the Mongolian coolies, but that is a very minor danger.

It is essential to the success of the Assam Government's policy of restriction that this smuggling menace should be dealt with at the source.

When that is done I believe drastic reductions can be enforced, and will be welcomed by the population. A man who has been accustomed to eat or smoke 3 tolas of opium a week finds it intolerable to be reduced to $2\frac{1}{2}$ tolas. So long as he can get his drug he wants his full supply; and he will try to make up the deficiency. But if his supply is cut off altogether, he is in a much stronger position to fight against the craving. Fatalism has its values.

Prohibition may not be a sound policy among Americans, who are not fatalists. Even if it is an unsound policy in America, I think it would be worth trying in Assam.

But it requires the active support of the leaders of the people in Assam. That support, I am afraid, will hardly be given while the political issue between Government and national parties is as acute as it is to-day.

There is also the question of revenue. Responsible officials assured me that immediate prohibition would involve a loss of revenue which Assam cannot face, at any rate unless the national parties will support the introduction of fresh taxes. Again reform is blocked by the antagonism between Government and the popular opposition. So the outlook in Assam is not very hopeful. However, the members of the Government to whom I spoke assured me earnestly that they intend to enforce prohibition in the ten-year period which has now lasted over three years. I trust they may succeed, and I wish they could come to terms with the Congress Party, and obtain its active support.

If the experiment breaks down it will be due, I think, mainly to lack of co-operation (I do not judge who is responsible for that), and also to the activity of the Marwari smugglers, if their source of supply is not cut off. It will not, I am confident, be due to the opposition of the consumers.

Assam is peculiarly interesting, because in Assam the evil of opium has been so generally recognized that the Government has committed itself to a strong policy, aiming at complete prohibition of the non-medical sale. No other province or city in India has

yet gone so far as that. The experiment should therefore be followed with close interest and sympathy.

In parts of Orissa the position is almost equally serious. The Assam valley is favoured by nature; and so, compared with many parts of India, are the plains of Orissa. The soil is good and the water-supply is ample. But, unhappily, it is still unregulated. It seems that there was a time, not more than two hundred years ago, when Orissa was comparatively prosperous, and European trade was carried on through some of her ports. But she has fallen on evil days, and must now be reckoned among the poorest districts in all India. The province is in the unhappy condition of being neither fully under British rule nor under her own princes. A good deal of the country belongs to petty Indian rajahs, some of whom must be amongst the worst rulers in the whole of India; they seem to care only for their own pleasures, but they are clever enough to know how to flatter some of the British officials of the province. Orissa suffers from those diseases which are always a sign of ill-nourishment and poverty; the crops of the ryots are destroyed by great floods every few years, but whenever an effective proposal is made for preventing future floods it is turned down as too expensive. Whether foreign trade brought opium, and opium has led to degeneracy and poverty, or whatever the cycle has been, it is certain that to-day opium consumption must be added to the list of Orissa's curses. So the people, the Ooriyas, have often to seek for a living in other places; and the recruiters of labour for mines in Central India, for tea-gardens in Assam, and for other coolie work, find a good supply in Orissa. Too often the Ooriyas carry their opium-taking habit with them to other parts of the country.

Poverty-stricken Orissa was joined to prosperous Behar for purposes of administration, in the hope that the latter might raise the former. But when I visited Patna I found among the leading people there, official and unofficial, little knowledge of Orissa and little interest in her problems.

When I was in Orissa one of the "black-spot" opium inquiries recommended by the India Office was taking place. The committee consisted of the father of an opium vendor, a moderate Indian official, reputed to be rather weak, and two other members, both regarded locally as nonentities. In contrast with other committees, none of its members were keen temperance workers.

A questionnaire had been issued, distinctly tendencious in nature—tending, that is to say, against reform. Thus, question 2, “(i) Is opium generally believed to be a preventive or a cure for any physical ailments? If so, what ailments? (ii) Is it also believed to be a general tonic? (iii) Is opium used externally for the cure of rheumatic pains and other diseases? If so, what diseases?” is obviously suggesting that these are the main reasons for consumption. There is no general question such as, “What, in your opinion, are the usual reasons why opium is taken? Give particulars in support.”

Again, question 5 begins by asking, “Would people requiring opium for the alleviation of specific physical ailments or as a general tonic usually take the drug in very small doses?” instead of beginning with the question, “In what doses is opium usually taken?” It is not even clear, though a daily dose is spoken of later in the question, whether a dose is assumed to be always a daily dose. If so, it is a misleading assumption. The first part of question 7 is concerned with those who take heavy doses of opium “for its purely narcotic effects”; it is immediately followed by the question: “Are you aware of any cases in which large doses were being taken without detriment to mental or physical activities and possibly without an idea of self-indulgence?” The inference seems to be that if some people do take opium for other than medical purposes probably it still does them no harm. A doctor in Balasore, whom I met, read me the answers he had sent; and in one place the answer he had given, on a hasty reading of the cleverly worded question, gave precisely the opposite meaning to that which he had intended. He was a very busy official, and he had only been given two days in which to give answers to twenty questions, all involving nice points that would require careful consideration. An American missionary of some years’ experience, known as an active temperance worker, had offered to give evidence, but was told that it was too late.

I have not seen the report. It must be received with reserve. One member of the committee whom I met said that the answers received seemed to dispose of all the current theories commonly put forward to account for the heavy consumption, especially the climatic theory. There remained only one explanation that would really fit the facts—association. And it is noteworthy that both Mr. C. F. Andrews, whose knowledge of the daily lives of Indian

OPIUM IN THE PROVINCES OF BRITISH INDIA 39

villages up and down the country is perhaps unrivalled, and Dr. Chopra, in his medical researches, reach the same conclusion. I understood that the committee would be likely to propose a reduction in the maximum amount of opium that may be sold at one time to one customer. Registration of consumers might also be recommended.

FIGURES FOR 26 FEUDATORY STATES OF ORISSA, FOR THE YEAR 1922-23.

State.	Quantity of Opium Consumed.		Population 1921.	Consumption per 10,000 of Population.
	Maunds Seers			Seers
1. Athagarh	11	39	42,339	110·7
2. Athamallik	2	25	59,753	17·6
3. Bamra	8	0	135,432	23·6
4. Baramba	2	20	38,630	25·8
5. Baud	5	0	124,515	16·0
6. Bonal	1	35	68,186	11·0
7. Daspalla	3	1	34,510	35·0
8. Dhenkanal	32	28	233,691	55·9
9. Hindol	3	32	38,621	39·3
10. Khandpara	5	19	64,289	34·0
11. Keonjhar	9	13	379,532	9·8
12. Kalahandi	4	9	415,846	4·0
13. Kharaswan	2	4	37,409	22·7
14. Mayurbhanj	33	7	754,457	17·6
15. Narasinghpur	3	18	33,003	41·2
16. Nayagarh	12	20	122,843	40·7
17. Nilgiri	6	30	65,239	40·0
18. Patna	12	35	494,719	10·4
19. Pal-Lahara	2	8	23,791	36·9
20. Rairakhole	2	0	31,229	25·6
21. Ranpur	2	35	41,281	27·8
22. Saralkela	5	25	115,539	19·4
23. Sonepur	5	15	226,663	9·5
24. Gangpur	30	8	309,847	38·9
25. Talcher	7	21	51,006	59·0
26. Tigiria	4	38	19,535	101·5

40 seers = 1 maund.

1 seer = 2 lbs.

I cannot doubt that the Balasore, Cuttack, and Puri areas of Orissa, also the Feudatory States, will have to follow the example of Assam, if they intend to stamp out this evil. The national leaders of Orissa seem to be ready for drastic action, but the Government seems lukewarm. I met one old man in Orissa who

40 NARCOTICS IN INDIA AND SOUTH ASIA

had given evidence in favour of opium before the Royal Commission of 1894. He explained that he thought the Government wanted to get rid of opium in order to sell more liquor. In his old age he had become anti-opium.

I believe the figures of consumption for the Feudatory States have not hitherto been available in England. They were obtained for me with some difficulty ; and I accordingly publish them here

FIGURES FOR PROVINCE OF BEHAR AND ORISSA

Name of District.	Population (in 1921).	Issue of Opium, in Seers.	Consumption per 10,000, in Seers.
Patna	1,609,631	2,094	13·0
Gaya	2,159,498	980	4·5
Shahabad	1,865,660	426	2·2
Saran	2,289,778	306	1·3
Champaran	1,908,385	296	1·5
Muzaffarpur	2,845,514	482	1·6
Durbhanga	2,929,682	618	2·1
Monghyr	2,132,893	662	3·1
Bhagalpur	2,139,318	894	4·1
Purnea	1,989,637	1,958	9·8
Santal Pargana	1,882,973	739	3·9
Cuttack	2,109,139	5,372	25·4
Balasore	1,055,568	5,903	55·9
Angul	199,451	242	12·1
Puri	1,023,402	3,097	30·2
Sambalpur	744,193	840	11·2
Hazaribagh	1,288,609	691	5·3
Ranchi	1,387,516	762	5·4
Palamau	687,267	445	6·4
Mambhum	1,547,576	817	5·2
Singhbhum	694,394	1,000	14·4
Total	34,490,084	28,624	8·2

(see page 39). It will be convenient to give for comparison the figures for the districts of the province of Behar and Orissa in the same year. For the preparation of these figures I am much indebted to Mr. Radhanath Rath, of Cuttack.

I made no personal investigation of the opium problem in other country districts of heavy consumption. In the Godaveri delta probably the position is akin to that in Orissa. When the reports of various official inquiries are available, fresh light may be

thrown on the position in other parts of the country. Colonel Chopra's recent investigations among the Punjab Sikhs have been published. As far as I know, no serious inquiry has been undertaken in Rajputana.

Something must now be said of the special problem of the cities; and I cannot do better than summarize what seem to me to be the essential points brought out by the 1927 inquiry in Calcutta. The Calcutta Committee consisted of two officials and of two members of the Calcutta Temperance Federation, one an Indian (a doctor), the other British. This seems a suitable arrangement, for the committee's task was not to consider whether an evil existed, but to elucidate the causes of an admitted evil, and to propose remedies. The experience of active temperance workers was clearly needed for the effective prosecution of such an inquiry. If all the other local inquiries had been similarly constituted, the results would have been sooner available. The Calcutta Report, based on a thorough investigation, may be taken as a model for all the great cities; and although some of Calcutta's problems are peculiar, most of the recommendations are probably applicable.

In Calcutta itself, though not in the recently industrialized areas of Barrackpore and Serampore which adjoin it, there has been an appreciable reduction of consumption during recent years. This reduction is assigned to a variety of causes: the more systematic administrative control, dating from about 1912; a change in the licensing system in 1917, when the auction system was abolished: since that time licences have been controlled by Government, but the licensee still gets a percentage on sales; a third reason for the improvement is "a wholesome change in the point of view of the middle-class Bengali population in Calcutta, as regards the supposed usefulness of raw opium as a cure or preventive of certain ailments like diarrhoea, asthma, etc., or as a protective measure in old age. The use of opium except by old people is now looked upon with disfavour, though not to the same extent as the use of alcohol, or of drugs like *ganja* and *charas*." Consequently only one in every fifty in Calcutta uses raw opium. It is noted that far more men than women take opium (among the Chinese, it is only the men who smoke opium); most of those who take opium take it habitually. The doping of babies is rare. Most of the addicts declare that they first took opium to combat some disease; then they went on taking larger and larger doses.

Some other causes of the habit are also mentioned—monotony of industrial conditions, absence of many labourers from home or community restraints, easy availability of the drug, and association with addicts. But the committee insists that even the doses taken by those who have started the habit because of illness or pain “cannot be said to be medicinal, and must be regarded as intoxicating”.

The main causes of the heavy consumption in Calcutta are held to be (i) the consumption of heavy doses of opium by a large number of addicts; (ii) the heavy demand for opium for smoking, especially—though not solely—in the Chinese quarter. Something like 175 smoking dens are believed to exist; and the committee urges that all smoking dens be closed, and that opium-smoking be made a penal offence, special provision being made for existing addicts. To reduce the general consumption, apart from smoking, the following measures are recommended: (1) the reduction of the limit of sale and private possession from the present amounts, namely 1 tola (180 grains) in Calcutta and 2 tolas in Serampore to 12 grains, except in the case of registered addicts, who shall have a registration card. This seems, and indeed is, an immense reduction; but it is to be noted that all the best medical opinion now recognizes that a daily dose of even 5 or 6 grains is distinctly harmful. One or two grains a day should be quite sufficient for alleviating temporary pains. (2) The committee further recommends that for the whole Presidency of Bengal there should be a limit of sale and possession to 1 tola, and soon to half a tola. (3) Registration cards for addicts to be all issued within six months; so that (4) after that no one else shall ever be allowed to have more than 12 grains, except under medical prescription; (5) gradual increase of price; (6) the retail price throughout the Presidency to be kept uniform, to prevent smuggling from one district to another; (7) not only should the Government take over the lease of all premises where opium is sold, but the licensee should receive a fixed wage, so that he has no interest in pushing sales; (8) after these things have been done, consumers of smaller amounts should also be registered; (9) treatment centres should be encouraged; (10) unofficial propaganda should be encouraged; (11) mill authorities should be requested to take measures for the proper care of children, in crèches or elsewhere, so that there should be no need for working mothers to dope their

children; (12) the numbers of shops should be reduced and none should be near mills or factories.

It will be seen that the committee proposes attacking the problem from all sides. It may well be that, if the Government would show sincere support of temperance propaganda, most good would be done in that way. But can such support be "sincere" while Government is interested in the sale of opium? On this ground proposal 7 is open to some criticism. Would it not be better to hand over the sale of opium in all big cities to chemists, instead of conducting the sale through special shops, with the hall-mark of Government approval on them? Personally, I also disagree with the suggestion for enhancing the price. Provided the supply is strictly limited, I think it would be better to lower the price. If you admit that certain people are hopeless addicts who must be registered and then allowed large amounts until they die, why insist that they shall be ruined not only in body and mind, but also in family and estate?

All the other recommendations seem to me sound, especially the first four, which are interdependent. Drastic restriction of supply, and the amelioration of economic conditions, as recommended at the end, are the measures most urgently needed.

It may here be added that the Jubbulpore report also demands drastic restriction of shops and of amounts to be sold, the figure proposed for maximum daily sale being a quarter of a tola, or 45 grains; registration is also recommended. At present a consumer is only permitted to have half a tola in his possession at one time in the Central Provinces—a much smaller allowance than in some other provinces.

I was informed by one of its members that the Cawnpore Committee found that opium consumption is there common among all sections of workers, but another experienced official assured me that only idlers, men who have sporadic work (e.g. tonga-drivers), criminals and some who are engaged on very monotonous work take opium. I did not learn what proposals are being made for further restriction.

The Benares Committee, I was told, proposes a policy of local prohibition, together with registration of addicts. The licensing committee in Benares is aiming at nothing less than complete prohibition.

In these cases and elsewhere it was pointed out to me that

penalties for possessing excessive amounts of opium, or for smoking in dens, are of little value. Even though drug taking is regarded as a despicable habit, people are not prepared to betray their neighbours to the police, or to the Government. Restrictions must be made at the source. In the United Provinces opium smoking in company has been illegal since 1878; yet it still continues; and in 1927 it was surmised by an experienced authority that there might be a dozen dens still in existence in the big towns, and perhaps three hundred regular smokers. In 1926 there were four prosecutions. While the article is easily procurable, penalties of this kind can have little value.

In this chapter I have scrutinized provincial opium policy, in relation, especially, to certain "black spots" and industrial areas. But it must not be forgotten that, in spite of the fact that "the regulation of the internal traffic in opium is under the reformed Constitution a Provincial 'Transferred' subject", and in spite of the great variety of the problem in different parts of the country, the Government of India still attempts to co-ordinate and to some extent to control policy. This is right and necessary, just as, on a larger scale, the League of Nations must now co-ordinate drug control, as far as possible, all over the world. In India, for instance, trouble has arisen owing to the difference in the price of opium in adjacent provinces and states: this leads to smuggling from one province to another. Recently the Government has encouraged the movement towards uniformity in the sale price of opium. It was also responsible for initiating the inquiries into the special problem of the "black spots".

In November, 1924, a circular letter was issued to all local governments and administrations in British India calling attention to the need for joint action, especially in the enhancement of sale price, in order to reduce smuggling, to the excessive consumption in certain districts (the list of places and districts whose excessive consumption is admitted is a formidable one) and to the practise of administering opium to small children. The local governments were asked their opinion on these matters, and when all the replies had been received they were published, together with an important statement of Government policy, which was issued in June, 1926. This resolution seems still to be the basis of Government policy, and it therefore calls for comment. It is there stated that "the policy of the Government of India based on the findings

of that Commission [the Royal Commission of 1893] has been, and is, one of non-interference with the moderate use of raw opium, whether the object of the consumer be some real or supposed physical benefit, or merely the indulgence of the almost universal desire of human beings (particularly those whose occupations involve exposure or severe bodily exertions), for a stimulant or a narcotic. Excessive indulgence it is, and always has been, the desire of the Government to suppress”.

The meaning of this statement depends, of course, largely upon the interpretation of the words “moderate” and “excessive”. If the word “moderate” were meant to cover the habit of taking small doses of opium to dull rheumatic and other pains in old age, and little besides, it might be acceptable. But it can hardly be so interpreted. It must be taken in conjunction with the reference to the Report of the 1893 Royal Commission, a report which condoned many practices that appeared to me, in the course of my investigations, to be by no means harmless or tolerable. The Government of India delights to hark back to that Royal Commission Report; but it never mentions that one member of that Commission, H. J. Wilson, wrote a strong and able minute of dissent; and the present writer finds it difficult to believe that those who rely on that report can ever have read *The Imperial Drug Trade*, written by the late Joshua Rowntree, and published in 1905, which completely riddled the report, showing how unsatisfactory and one-sided the whole inquiry had been.

The phrase about those consumers whose object is “merely the indulgence of the almost universal desire of human beings . . . for a stimulant or a narcotic” is equally unsatisfactory. In an earlier chapter an attempt has been made to expose the fatuity of the “universal desire” theory. But that any man who has ever seen or heard of the moral ruin of whole families through the indulgence of that desire, in the East or the West, should attach the word “merely” to it, suggests such callousness to human suffering that language fails one in the attempt to designate it.

The statements about medical opinion in this official resolution are also unsatisfactory. It is admitted that the belief in the efficacy of opium as a remedy for malaria, accepted by the medical member of the 1893 Commission, is now known to be erroneous. But the resolution concludes with the sentence: “The statistics show a progressive reduction in consumption in British India as

a whole, and the Government are convinced that a continuance of the existing policy, accompanied by special efforts to deal with those comparatively few areas where the average consumption is unduly high, is far more likely to produce beneficial results than any attempt to suppress altogether, by measures that the Government regard as indefensible in principle and doomed to prove infructuous, or actually harmful, in practice, an age-long habit, the temperate exercise of which has been pronounced by the highest authorities to be free from injurious effects". This, in spite of the fact that some years earlier, in response to a specific inquiry, the medical experts consulted by the League of Nations Opium Committee, men of many countries whose authority was as high as possible, had solemnly declared that there was no justification for the regular use of opium, however temperately. Further, since this statement was issued in 1926, the researches of Colonel Chopra, of the Indian Medical Service, have, as already shown, fully confirmed the opinion of the League medical experts.

It must also be regretfully remarked that, except in Assam and Burma, where steps had been taken before 1926, the special steps suggested in June of that year for areas whose "average consumption is unduly high" have not been taken three and a half years later.

NOTE.—As this Report is passing through the press I learn with grief of the premature death of my companion and guide in Assam, Mr. Rohinikanta Hatibarua. He was an ardent patriot and anti-opium worker, and Secretary of the Congress Opium Committee. I hope his fellow-countrymen, and those of my fellow-countrymen who live in Assam, will unite to honour his memory by a speedy campaign of opium prohibition.

IV

RAJPUTANA AND THE SMUGGLING PROBLEM

FROM time to time in earlier chapters I have had to refer to the smuggling problem. So far as India is concerned, the source of smuggling is Rajputana and the reason is the enhanced price of opium in many parts of British India, which makes possible enormous profits.

In some of the States of Rajputana poppy culture has for long been one of the most profitable undertakings. It is only recently that most of the States have attempted any full control of cultivation; and a few of the more progressive, such as Bhopal and Jaipur, have lately tried to stop cultivation altogether, whilst Jaipur has gone so far as to issue annual excise reports for the past few years.¹

There are two main areas of opium growth in Rajputana to-day. It is grown extensively in the area round Jhalrapatam, Mandasar, Sitaman, and Rajgarh, as far as Rutlam. And it is also grown round about Kotah and Tonk. From the latter district the opium goes direct, in the form of "biscuit opium", to Jaisalmer and Jodhpur; some of the States of that district have an extremely heavy consumption, Jaisalmer as high as 1,000 seers per 10,000 population per annum; but this figure may be inflated, as some of the opium is no doubt smuggled through into neighbouring parts of British India. This trade from the producing States to the other Rajput States, and to the outside world, is in the hands of Marwari (Jodhpur) merchants. According to the published figures, the States adjoining British Indian territory are always the States of heaviest consumption. The deduction as to smuggling is obvious.

In the first group of States named above there is more Government control than in the Tonk group. The opium is collected by officials, dried, and prepared with oil. The cultivator gets about 7 rupees a seer for his opium, while the sale price of the opium when sold by the Government varies from about 12 to 15 rupees a seer. This may be compared with the price of Ghazipur opium, which is sold at 26 rupees a seer.

¹ These reports are fascinating documents; unfortunately I mislaid my copies in the tea-room of the League of Nations Secretariat at Geneva, so I cannot quote from them.

The disparity of price naturally encourages smuggling from Rajputana into British India, but it is not this which is alone responsible, or even mainly responsible, for the extensive smuggling of Malwa opium¹ to many parts of the world to-day.

When the Government of India agreed, in 1907, to reduce the export of opium to China, it suddenly informed the Malwa States that it would require a far smaller quantity of Malwa opium. This sudden reduction in the amount bought by the Government of India meant disaster for many Marwari merchants. They were left with large stocks of opium on their hands. For some years these stocks remained valueless; then, as restrictions on other opium increased, and as the price was raised, these old stocks began to have a new value in the illicit trade; and for some years now the merchants have been gradually getting rid of these old stocks at high prices through the medium of illicit traffickers. The smuggling trade is a source of embarrassment to the Government of India; for, although the Malwa States are not under its control, the Government of India is alone responsible to the League of Nations for drug control in the whole of India; and it is rather annoying for that Government, which has prided itself on the exemplary thoroughness of its control of opium, to be called to account because Malwa opium is being smuggled to South Africa, Australia, and other distant countries. In Bombay, for instance, I was assured that every mail-boat leaving for South Africa probably had smuggled opium on board; captures are made, but not very often.

In May, 1927, the Viceroy summoned a conference of opium-growing Indian States, and frankly explained the Government's embarrassment in his opening speech: "In the States taken as a whole there are, as you know, enormous stocks of opium for which there is at present no legitimate outlet. There is also extensive cultivation of the poppy which is retarding the absorption of these stocks. So long as there is this immense stock and this considerable area under poppy in their midst, the Government of India will be severely handicapped in effectively discharging their international obligations in regard to the smuggling of opium. What answer can they give to the Commission of the League of Nations, or to the

¹ Of the very many states in Rajputana most of those that produce opium are known as the Malwa States, so that opium from Rajputana is commonly called Malwa opium.

Central Board¹ to be set up under the 24th Article of the Geneva Opium Convention, when they draw attention to the formidable accumulations of opium held by private persons in the States, and to the potential danger which they constitute, from the international point of view? For the statistics of seizures show clearly enough that a stream of smuggled opium is flowing from the States towards the sea-ports.

"The internal problem is scarcely less serious. No one, I believe, can deny that large quantities of opium are smuggled out of Indian States, not only into British India, but into other States as well. . . .

"Yet a third problem is that presented by the high rate of consumption in some of the States. . . . The high rate of consumption in the States is bound to arouse increasingly unfavourable comment in India and outside India, and bring discredit on both the States and the Government of India."

I may interject a personal commentary on this. At an opium shop in Nagpur, whilst local customers were buying trifling amounts, a young man from the Central India States, a barber, came and bought a quarter of a tola. He declared that he would eat all that in one day, without ill-effect; and indeed he complained that he was not allowed more; in the State from which he came he could have bought much more. My companion, an Indian doctor, was appalled, and declared that he was taking enough to poison himself. An American medical missionary whom I met from Central India told me that he had been amazed at the quantity of opium some of the Rajputs consumed, without apparent ill-effects. On the other hand, he had observed that the social effect was disastrous, and a number of addicts had come to his hospital to be cured.

To return to the Viceroy's speech at the Indian States Conference. He concluded by formulating a tentative policy, further developed by Sir Basil Blackett, which "would involve the ultimate discontinuance of poppy cultivation in the States and the supply of opium for their consumption in accordance with their requirements by the Government of India at cost price". This would involve the substitution of other economic crops instead of the poppy, and the substitution of the States' opium revenue.

¹ This Central Board was appointed in December, 1928, and has begun its work.

Here the Viceroy was rather optimistic. He pointed out that between 1906 and 1916 the area of cultivation in Central India and Rajputana was reduced from 244,000 acres to no more than 10,000 acres.¹ The cultivators found that better profits were made from wheat and other crops. "The result of the researches of Mr. Howard, Director of the Institute of Plant Industry, Indore, entitle us, I think, to hope that, in Java sugar-cane and in the improved variety of wheat known as Pusa 5, practicable and profitable crops are to be found which can replace poppy on the lands, irrigated by wells, that are now devoted to it."

After discussion, the conference recommended the appointment of a committee to investigate the whole situation, with the following objects in view:—

(1) The possibility of replacing poppy culture by other crops, with reference to the effect of such substitution upon the prosperity of the State and its subjects;

(2) To ascertain the extent to which opium is consumed, the occasions on which and the purposes for which it is consumed, the manner in which it is prepared for consumption and its physiological effects upon the consumer;

(3) To ascertain the amount of stocks of opium existing in the States and the best means of disposing of them;

(4) How to combat smuggling;

(5) How best to bring State opium policy into line with British India opium policy, by such methods as the discontinuance of cultivation in the States, the purchase of opium by the States from the Ghazipur factory at cost price, and gradual enhancement of the selling price of opium in the States, so as ultimately to equalize it with that prevailing in the adjoining British districts.

The report of the committee has, I believe, been in the hands of the Government of India for most of a year. It has not been published; and no action was taken on it pending the report of the Butler Committee on the relation of the Indian States to the Government of India. That report has now been published and it scarcely refers to opium.

I believe the report of the Malwa Committee will show:

(1) That the main smuggling problem can be solved if the Government of India is prepared to spend about £800,000 on

¹ This appears to be a printer's error; it should surely be 100,000; for, later, he spoke of the reduction between 1923 and 1926 from 72,000 to 35,000.

buying up the old stocks. Probably those stocks could be gradually used for the manufacture of medical opium at Ghazipur, so that the £800,000 would ultimately be recovered; and this would permit of a further reduction in the area of cultivation in the United Provinces;

(2) The substitution of other crops is likely to prove more difficult than had been originally hoped. What is possible in Central India, and even in Jaipur, is quite impossible in the Rajput States on the borders of the Sind desert; the soil is too arid for sugar-cane or wheat; irrigation, which is already employed for the cultivation of opium, could not at all easily be extended as it would need to be for the cultivation of some of the other crops proposed; and to day some of these poor and backward States get almost all their revenue from opium sales. Certain garden crops would be practicable and remunerative; but there are superstitions that stand in the way of the cultivation of some of them; the cultivators are naturally conservative, and would have to be instructed in the cultivation of new crops; also the problem of marketing is difficult.

The substitution of other crops, and the conformity of Rajputana to the opium policy of British India, are likely, therefore, to be slow processes.

V

BURMA, MALAYA, JAVA

BURMA

IT may seem improper to treat Burma as if it were outside India; but to a large extent it is. So far as communications are concerned it is more isolated from peninsular India than Ceylon; so far as population, tradition, and culture go it is more distinct; so far as opium policy goes there are important lines of distinction between Burma and the other provinces of British India.

In Burma the Government adopts a separate opium policy for each of the three races inhabiting the country—Burmans, Indians, and Chinese. The two former eat opium, the latter smoke it. Under Burmese law only the Chinese are allowed to smoke opium, but the Indians can get it to eat; the Burmans can hardly get it at all. All opium smoking is now under special licence; the Chinese consumers are all registered. But the register is not considered satisfactory. "Out of 6,540 (Chinese 1,650, Indians 4,884, and others 6) consumers shown in the Rangoon books before the orders compelling registration", says the 1925 Report, "1,636 registered themselves as smokers; and the total number of registered smokers throughout the province on 31st December, 1924, was Chinese 16,988, Burmans 1,144, and Indians 205."

Among Burmans the habit is confined to a few localities, and for a time it was prohibited to them altogether except for a few old registered addicts. But in the opinion of Government, districts where a number of Burmans had been confirmed opium eaters were getting so much illicit opium that it was thought better to open a new register and to issue opium to the certified addicts "for prophylactic purposes". This, in spite of the fact that the best medical opinion no longer regards opium as a satisfactory prophylactic. The Government would perhaps have been better advised to choose some other excuse or justification for reopening the registers. In the Myaungmya District, where this experiment was started in 1924, 1,765 Burmans had registered by the beginning of 1926. They have to produce a medical certificate certifying that they are addicts. The register has now been extended to other districts.

The smuggling problem is certainly serious in Burma, but is likely to become less serious. Burma lies between two fires: Shan opium comes from the east, Malwa opium comes from the west. Shan opium is described even in the 1927 Excise Report as being from Yunnan, the great south-western province of China. Thus the report says that "The predominance among contraband of sea-borne Indian opium over railway- and river-borne Shan (Yunnanese) opium was less marked in this than in the previous year, the proportions being, to judge from the seizures in Rangoon, approximately 7 to 6." But this overlooks the fact that opium is still grown in limited quantities in the Shan States of Burma itself. The quantity, I believe, is steadily decreasing, especially since a Government order of 1923, and as the effective authority of the Government extends towards the frontier it may be hoped that both cultivation and smuggling will decrease. The 1925 Report noted the difficulty of ascertaining whether Shan opium comes from the Shan States or from Yunnan.

The Government of Burma can at least claim that consumption as a whole has been steadily decreasing for the past fifteen years or more, and even revenue has decreased. The 1927 Report says: "Taking the 1921 census figures, without any allowance for increase in population, the early incidence of consumption per 100 of the population was 0·21 of a seer against 0·25 in the previous year. The incidence in Lower Burma was 0·31 of a seer and in Upper Burma 0·07, the latter figure being that estimated by the League of Nations as the requirement of a normal population for medicinal purposes." This last statement is curiously worded and shows a misapprehension (very commonly met with) of what the League of Nations committee of experts really said. It must be insisted that what they said was that 12 grains per ten thousand of the population would be a very generous allowance (not the "requirement") for any country, it being assumed that the opium was being used in a medical form for strictly medical purposes. In Upper Burma, of course, there are scanty provisions for medical prescriptions! As far as I am aware no authoritative body has yet considered what amount of opium might be reasonably tolerated in a district that has no proper medical service.

MALAYA

Of Asiatic territories under British control British Malaya, including the Straits Settlements (not all of them parts of the Malay Peninsula) and the Federated and Unfederated Malay States, have enjoyed a certain unenviable notoriety as the countries of heaviest opium consumption. Moreover, large proportions of the revenue of some of these territories is derived from opium; in one or two of the Straits Settlements, including Singapore, the proportion has been over 50 per cent. In 1925 it was 37 per cent. for the whole of the Straits Settlements, and 14 per cent. in the Federated Malay States. In 1926 the Excise Revenue, especially the revenue from opium (or *chandu* as it is called) in the Federated Malay States, went up again, and the figure created "a fresh record"—so the official report describes it. The *chandu* increase was from 12,365,000 dollars to 15,893,000. The quantity imported has increased steadily from under 75,000 lbs. in 1921 to nearly 131,000 lbs. in 1926. It is difficult to believe that the Chinese population has increased at this pace. Nevertheless, it must be admitted that the total figure of imports and exports from the Federated Malay States have grown even more rapidly. The only reliable comparative figures are those for the census years 1911 and 1921, which show a reduction in the Straits Settlements of consumption per adult male Chinese from 314 grammes to 231, and for the Federated Malay States from 295 grammes to 128. The figures already quoted suggest that, with a period of increased prosperity, the figures have gone up again. Various recent "reforms" do not seem to have affected the sales much.

These reforms have followed the publication of a voluminous report issued by Government in 1924 on behalf of the British Malaya Opium Committee, appointed in November, 1923. This report is a mine of valuable information, but there are some aspects of the question with which it does not deal, especially revenue. However, in the Straits Settlements an Opium Revenue Replacement Fund was formed in 1925, which now amounts to about 43 million Straits dollars, a sum which is being allowed to accumulate at compound interest. No further contributions are being made to the fund at present; but, at the same time, a movement in the Straits Settlements in favour of "raiding" this fund

for other purposes has been checked by the Colonial Office. Similar funds exist in the other States.

The establishment of these funds clearly shows that the Colonial Office and its representatives in Malaya have accepted the view that the opium revenue must cease, sooner or later. They have, in fact, acquiesced in the demands made at Geneva for a final suppression of opium smoking at some not very distant date. I doubt if European opinion, or even a good deal of Chinese opinion, in Malaya itself really approves of this demand. And I think their grounds for objection are strong. European opinion, of course, resents outside interference which will mean the abolition of a source of revenue that comes entirely from Asiatic pockets. On this matter Chinese opinion is, of course, quite different. I met some Chinese in Malaya who are indignant that the Government, though it derives so much revenue from the Chinese, whose amazing industry has been largely responsible for the development of the country, yet does very little for them in return—especially in the provision of schools. Apart from revenue, however, there is more agreement. Most Europeans and most Chinese seem to agree that the evils of opium smoking, as commonly practised in Malaya, are greatly exaggerated. They hold, and I believe they rightly hold, that most of the opium addicts are moderate consumers, whose opium addiction is far less harmful than is moderate drinking of alcohol, whether in the West or the East. I do not wish to fall into the error of playing off one evil against another. Certainly the world would be a happier place if there were no addiction anywhere either to habit-forming drugs, like opium, or to alcohol—or, it may be, to tobacco or tea. But a habit of this kind must be very bad indeed before it justifies high-handed, drastic prohibition on the part of a paternalistic Government.

If it is possible to prevent the graver abuses to which present conditions give rise, I believe the Governments of Malaya would do well to postpone complete prohibition for a long time. The proposals of the 1924 Commission seem to me to be calculated to meet the graver evils very fairly. That committee did not feel justified in proposing the early introduction of a rationing system, largely because of the difficulties of applying such a system to a population that is in a constant state of flux: most of the opium addicts are Chinese workers in the mines, on rubber estates, etc.,

who travel to and fro between China and Malaya. But they urged that "all steps which are taken should have such a system as their eventual objective". The main reforms they urged were these: First, that Government should everywhere take charge of the entire retailing of prepared opium, instead of "farming" it to private retailers. Secondly, they urged a change in the system of packing the opium, which was rather easily abused: the little packets, which could quite easily be opened and closed again, should be replaced by hermetically sealed machine-filled tubes which cannot be used more than once. Thirdly, they urged the replacement of the smallest packet hitherto sold (3 hoon = $17\frac{1}{2}$ grains) by a smaller one (2 hoon = $11\frac{2}{3}$ grains). Fourthly, they urged much stronger action for the recovery of the dross left after the opium has been smoked. Fifthly, they demanded drastic reduction in the number of licensed shops. Sixthly, they proposed a preliminary step of "attaching observers to each Government retail shop to take record of purchasers at such shops"; this would be a first step towards registration and rationing. Finally, they recommended an early introduction of a system of registration of consumers. They also recommended the establishment of a permanent advisory committee.

These recommendations had not all been carried out at the beginning of 1928. All retail sales in the Straits Settlements and Federated Malay States are, I believe, now in Government control. The price paid to the consumers for their dross was increased, and a large proportion is now recovered by Government and destroyed. Instead of the proposed "observer" system a "list of customers" system was started in the Federated Malay States. The hermetically sealed tubes are probably now in use; but the decrease in the size of the smallest packets had not been introduced prior to the provision of these tubes. The number of shops and saloons has been greatly reduced—from 360 to 172 in the Federated Malay States, and from 858 to 111 in the Straits Settlements. The Advisory Committee has been established. The Government has fallen behind the time-table suggested for the reforms; they need speeding up.

What I have written in extenuation of moderate smoking must not be interpreted as implying lack of sensitiveness to the evils wrought by opium among the Chinese in Malaya. I suspect that even moderate smoking has a more baneful influence on domestic

life than the 1924 Report recognizes; and I have seen with my own eyes some examples, in Singapore smoking-saloons, of the utter demoralization caused by excessive consumption. In one saloon, among about fifteen smokers, all young men, and mostly smoking for pleasure, were two men completely ruined by opium. One man, aged thirty-four, had smoked for nine years; he began smoking because of illness; he had had to increase the dose—I suspect the tendency to increase the dose is more usual than the 1924 Report suggests—until he spent 80 cents a day on opium. As he was only earning 15 dollars a month at the docks, his full wages would not be sufficient even to keep him in opium. Possibly he would have to steal to make up the rest. The other man was a beggar: he had been a rubber coolie, had got sores on his legs, and then malaria; he was suffering from an enlarged spleen. Then he took to opium. Of course he lost his job. He was filthy, shaggy, and utterly unkempt. But he still had enough pride in himself to look ashamed when my Chinese doctor companion asked him if he were a beggar. He would not go to a doctor, or to hospital, for he knew that he would lose his opium. It may be said that this is not a strong case against opium. Opium was the only solace of a man whose life was wrecked. That is true. It is also true that opium had completed his ruin.

But it is not Government prohibition of opium that can save such men as this, and turn their lives of misery into happiness. Government has its part to play, a very important part; but the chief need is for more brotherly love. When I recall that miserable man in the Singapore smoking-saloon, a man in whom the divine spark was not wholly quenched, I remember that for such men, rather than for us who are “righteous”, Christ lived and died. And what Malaya to-day needs above all else is the sacrificial lives of devoted men and women. Let me explain.

There is a short section in the 1924 Opium Report on education. In effect it amounts to this: that the Straits-born Chinese, whose children are educated in Malaya, have almost given up opium smoking; and that no amount of teaching the evil effects of opium in schools will influence the immigrant Chinese, who are the chief smokers. It is true that the report also states: “Elimination and avoidance of the habit can, in our opinion, only be achieved by education, and in this several of our witnesses, who were pressing for drastic legal measures agreed.” But the Com-

mission seems to have had a very limited conception of what education is.

What is the real problem? All the facts and figures tend to show that opium smoking in Malaya is indulged in mainly by Chinese immigrants from China, and that they mostly acquire the habit after reaching the country. This suggests two conclusions: first, that the condition of life for the Chinese coolies is such as to drive them to opium; secondly, that many adopt the habit as a matter of companionship. The report, by the way, seems to regard opium smoking as a non-social habit. I doubt this. I should be prepared to make the following bold generalizations about all forms of drug and drink addiction: that, apart from the medical or pseudo-medical causes that lead to a fair proportion of opium consumption, the great causes are: (1) unsatisfactory social conditions; (2) association.¹ The real remedies, therefore, must be: (1) the provision of what I might call a moral equivalent for home life; (2) the substitution of harmless or beneficial forms of "association". The two remedies can easily be combined. Club work, such as the Y.M.C.A. has started most beneficially in some parts of India, including more particularly the encouragement of healthy sport and games, can give most of what is needed. It must be provided, of course, in the right spirit of good comradeship, by men who really care for their fellows. To my mind, one of the most significant statements recently made about opium was in the chairman's address at a recent annual meeting of the British North Borneo Company. He said that the younger Chinese were giving up opium because they were playing games instead. I do not suggest that games alone can replace opium consumption. Many Europeans in Malaya who play tennis so long as the light lasts have still time to waste every evening at "pahit" parties, where cocktails are drunk and health is ruined. In the absence of

¹ The 1924 Report shows from various figures that opium smoking is much commoner among Hokkiens and Tiechins than among other Chinese "tribes" in Malaya, such as Cantonese, Klehs, and Hailams. The suggestion seems to be that they have some special inherent tendency towards opium addiction. I venture to doubt whether this is the right explanation, any more than I accept the view that Assamese, Ooriyas, Sikhs, and Rajputs are more attracted to opium than other people in India. I believe that tradition and association are the main reasons. The Hokkiens mix with other Hokkiens; they find them smoking opium; they do the same. The Cantonese, when they reach the country, mix with other Cantonese; they do not find opium smoking prevalent; so they do not take up the habit.

the traditional culture of the home a new culture must be gradually developed: something that tends to exercise the mind, some intelligent interest or other, must be found as well as something that keeps the body fit. By fostering games and by the opening of reading-rooms and club-rooms, even, it may be, by helping to pay the salaries of social workers, Chinese as well as European, Government might very well co-operate with voluntary organizations in a work that would really pave the way to complete prohibition of opium. It is already disseminating some anti-opium literature to schools, guilds, clubs, and other Chinese associations, through the committee for Public Health Education. Such work might usefully be extended. This may seem a long way round; but I believe it will prove to be the shortest way to the desired goal.

JAVA

The situation in Java, and in some of the neighbouring islands of the Dutch East Indies, is in many respects similar to that in Malaya. Opium smoking is common among the Chinese, who have settled in some parts of the country in large numbers. A few Javanese also smoke opium. But in many parts opium is altogether prohibited; in other parts opium smokers are registered and rationed, and no further names are added to the register; in other districts, again, new names can be added to the register: these are districts where Chinese are often coming as immigrants; in a few urban areas any Chinese are permitted to buy a certain quantity of opium.

Although the intention is to move step by step in all districts towards prohibition, there is a halt at present, because of the large smuggling trade. In the Dutch East Indies, as in Malaya, it is impossible to prevent smuggling altogether, and in recent years, owing to the recrudescence of opium growing in China during the civil wars, great quantities have been smuggled in by Chinese for Chinese consumption. Restrictions on Government sales have led to increase of smuggling; so the restrictions have been stopped. It is not only from China that the smuggled opium comes. Turkish and Persian opium is smuggled into the country by international syndicates whose methods are so subtle that they are rarely caught. Chinese opium is brought in smaller quantities,

but probably much greater total, by small trading adventurers, and is fairly often seized.

It can readily be understood that if restrictions only mean driving the traffic underground, the Dutch Government prefers to stay its hand at present. Its methods of control are very thorough, and the amounts consumed are far less than twenty years ago, even though the Chinese population has increased.

Revenue is no longer a serious consideration.

I heard a good deal about the medical treatment of opium addicts in Java. As a rule, opium addicts who come to hospitals to be cured either leave before the cure is complete or relapse very soon. But at a hospital at Bandoeng a new experiment has lately been tried. A social committee of Chinese has been formed, to keep in touch with the patients after their cure, and only those who can be supervised and helped by the social committee afterwards are accepted for treatment. It is found necessary to administer gradually decreasing doses of opium, usually for a period of ten to fifteen days. Under these circumstances the proportion of early relapses, the doctors assured me, was as low as 10 per cent. One of the doctors at Bandoeng, unlike a good many people I met in the East, assured me that opium had worse effects than any other kind of addiction; the effects are not obvious and visible: it does not lead to crimes of violence; but the social effects are commonly disastrous.

In Java as in Malaya the Chinese do not demand opium as a condition of undertaking coolie labour—as has often been alleged. But they want some form of relaxation, and those that are ready to their hand are opium smoking, drinking, or gambling. Let those who wish to do so argue which is worst. It would be more useful to seek for alternatives that would be good, not bad at all. I have suggested some in the previous section of this chapter.

The coca-plant is grown extensively in Java. From the point of view of the world's needs of cocaine, it would be well if the growth were greatly restricted. But I got no special information on this subject.

VI

CONCLUSIONS

IT may be useful here to summarize the main conclusions reached as a result of my investigations.

With regard to *India*, the opium problem is so different in different parts of the country that no single policy can be applied throughout. To take British India first, distinct measures seem to be required for (1) the cities; (2) the so-called "black spots"; (3) the ordinary agricultural areas; and (4) possibly separate action is required for the areas where baby doping is common.

✓(1) *The Cities*.—In nearly all the great cities of India opium addiction is common; in some it is serious. There seems to be nothing to prevent the introduction of a system of registration and rationing in these cities, and an early transfer of the sale of opium to druggists, who should only sell it under medical prescription.✓

(2) *The Black Spots*.—Assam has shown the way that should be followed in all "black spots", including part of Orissa, part of the Punjab, the Godaverī delta, probably Berar, and a few other districts. This is really the same policy that has been already advocated for the cities: registration and rationing with a view to complete prohibition of opium for other than medical purposes within a period of, say, ten years.

(3) *Rural India*.—I do not believe any drastic action should be taken in rural India, outside the "black spots". As far as possible, however, sales should be limited to men and women over forty years of age. Mr. H. L. May, in his recent review of opium conditions in the East, observes that, "Just as it (the Government of India) now sells quinine at a low price at the post offices for malaria, where opium used to be the accepted remedy, so it could induce the use of coaltar products and other drugs with pain-killing but non-habit-forming properties for the relief of those ills, or their symptoms, for which opium is now taken". This seems a very good recommendation.

(4) *Baby Doping*.—It is to be feared that this habit, like the habit of opium eating in old age, can only be overcome by

the slow spread of enlightenment. But so long as it prevails Government must see to it that all propaganda for improved hygiene and health, in districts where the habit prevails, must include propaganda against this habit. In factory areas, where mothers dope their babies while they themselves work in the mills, the provision of crèches should be compulsory.

Revenue.—So long as the excise officials have for their motto, "Maximum revenue with minimum consumption", a whole-hearted anti-opium policy is impossible. The Government of India and the Provincial Governments should set a limit upon the period within which they intend to receive any revenue from opium; for my part I can see no objection to Mr. Gandhi's plan of using all revenue received from the sale of drink and drugs for propaganda and education against their use. The argument that this plan is "financially unsound" is unconvincing. The policy of selling licences to the highest bidder should be immediately abandoned all over the country, in favour of a Government monopoly system.

Rajputana.—Government should buy up all the old stocks from the Malwa States; and the States should be induced to conform to British Indian policy, in the matter of price, etc., as soon as possible.

Price.—When the danger of internal smuggling is diminished, and full control of supplies is in Government hands, and at latest when a general system of registration of consumers has been introduced, I should like to see a drastic reduction of price. This will tend to discourage smuggling; it will reduce the revenue derived from opium; and it will diminish the appalling social effects which are the worst feature of opium addiction.

The present *export policy* of the Government of India appears to be satisfactory. If the 10 per cent. per annum reduction of exports of prepared opium could be speeded up, so much the better. The Government of India is also participating in the scheme to limit manufacture to the proper needs of the world, adopted at Geneva in September, 1929.

I am bound to add that some of these reforms presuppose a loyal co-operation between officials and public opinion which is rare in any country, and very rare in India to-day. Perhaps the

reason why the representative of the Government of India at the Geneva Opium Conferences would not support the proposal for official propaganda against opium was because he feared that in many parts of India it might have the opposite effect to that which was aimed at. This is a grave obstacle to reform; but if the Government is really determined on reform, it should not be insuperable. After all, Indian Ministers are now responsible for Excise Policy in the Provinces of British India, and British officials both at Delhi and in the provinces should give them whole-hearted support in a policy of temperance which is in conformity with all the best Indian traditions.

As to *Malaya*, I would urge (1) the immediate adoption of those recommendations of the committee of 1924, including registration of consumers, which have not yet been carried out; (2) if possible a system of limited sales should then be introduced; (3) but the main line to be followed is, I believe, the indirect method of fostering other forms of relaxation for the "coolies"—this will be for the benefit of others besides the Chinese.

I have been converted to the view that the Governments were justified in resisting the attempt made at Geneva in 1924 to bind them to complete prohibition of opium smoking by a fixed date. The immense amount of smuggling is a main objection to such a policy, but it is not the only one. Prohibition cannot be forced against a strong local opinion; nor is it worth while prohibiting opium if the social conditions are such as to drive large sections of the population to some other vice. Conditions on the plantations and in the mines of Malaya are quite good for the tropics; but they must be much improved, and local European, and perhaps even Chinese, opinion must be changed before opium prohibition is practicable.

As used in the West, "prohibition" of drink or drugs is commonly understood to mean immediate legislative enactment; as used in the East, "prohibition" seems to be regarded as the goal to be aimed at, rather than a measure to be immediately adopted. I went to the East a "prohibitionist" in the Western sense so far as drugs are concerned; I returned a prohibitionist in the Eastern sense only. Neither opium smoking nor opium eating—the former is no worse vice than the latter—can be thus summarily abolished. But I believe that there are many measures short of prohibition that can be taken and ought to be taken in India and other parts

64 NARCOTICS IN INDIA AND SOUTH ASIA

of South Asia, which have not been taken yet. These I have summarized above.

I must conclude where I began. In spite of all that is written here, I am satisfied that the question of opium smoking and opium eating is not the problem with which Western reformers or Governments, who care for the welfare of Eastern peoples, should mainly concern themselves. Even in the limited sphere of drug and drink habits, the main guilt of the West, for which sooner or later the East will call us to account, arises from the export of manufactured habit-forming drugs, such as morphine and cocaine, and from the export of spirits. So long as we go to the East with these things in one hand, Chinese and Indians and Malays are not likely to have much use for the programmes of social reform that we carry in the other. The time has come when East and West should confine their intercourse to goods that are worthy of the name.

